Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

|  |  |                                 |                                | <del>- + 5)</del>           | <del>-/ 3</del> |                  |          |                    |  |         |                            |                        |
|--|--|---------------------------------|--------------------------------|-----------------------------|-----------------|------------------|----------|--------------------|--|---------|----------------------------|------------------------|
|  |  | CLAIMS A                        | S FILED - PART I (Column 1) (C |                             |                 | umn 2)           |          | SMALL ENTITY TYPE  |  | OR      | OTHER THAN  R SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |                                 | 22                             |                             |                 |                  | 1        | RATE               | FEE  | 7       | RATE                       | FEE                    |
| FOR  |  |                                 | NUMBER FILED                   |                             | NUMBER EXTRA    |                  |          | BASIC FE           | E 385.00   | OR      | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |                                 | 22 minus 20= *                 |                             | *               | 2                |          | X\$ 9=             |  | OR      | X\$18=                     | 310                    |
| INDEPENDENT CLAIMS   |  |                                 | minus 3 =   *                  |                             |                 | <del>-</del>     |          | X43=               |  | OR      | X86=                       | 200                    |
| ΜL   | JLTIPLE DEPE                                   | NDENT CLAIM P                   | RESENT                         |                             |                 |                  |          | 1.45               | <del>                                     </del> |         |                            | 3,500                  |
| * If   | the difference                                 | e in column 1 is                | less than z                    | zero, enter "0" in column 2 |                 |                  |          | +145=              | <u> </u>   | OR      | +290=                      | 1/100                  |
| CLAIMS AS AMENDED - PART II  |  |                                 |                                |                             |                 |                  |          | TOTAL              | Ļ  | OR      | TOTAL                      | 1/50:                  |
|  |  | (Column 1)                      | · ·                            | (Column 2) (Column 3)       |                 |                  |          | SMALL              | ENTITY   | OR      | OTHER<br>SMALL             |                        |
|  |  | CLAIMS                          | 1                              | HIGHES                      |                 |                  |          |                    | 1 4001   | 1 1     |                            | 4551                   |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT |                                | PREVIO<br>PAID F            | USLY            | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE                           |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                               | Minus                          | **                          |                 | =                |          | X\$ 9=             |  | OR      | X\$18=                     |                        |
| AME  | Independent                                    | *                               | Minus                          | ***                         | <del>_</del>    | =                |          | X43=               |  | OR      | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                                |                             |                 |                  | 1        | +145=              |  | OR      | +290=                      |                        |
|  |  |                                 | ·                              |                             |                 |                  | L        | TOTAL              |  |         |                            |                        |
|  |  |                                 |                                |                             |                 |                  |          |                    |  | OR      | TOTAL                      |                        |
|  |  |                                 |                                |                             |                 |                  | Α        | DDIT. FEE          |  | 10      | ADDIT. FEE                 |                        |
|  |  | (Column 1)                      |                                | (Colum                      | nn 2) -         | (Column 3)       |          |                    |  |         |                            |                        |
|  |  | CLAIMS                          | ľ                              | HIGHE                       |                 |                  | Ìг       |                    | ADDI-  | ır      |                            | ADDI-                  |
| 8  |  | REMAINING                       |                                | NUMB                        |                 | PRESENT          |          | DATE               |  |         | 5.475                      | -                      |
| Ξ  |  | AFTER                           | }                              | PREVIO                      |                 | EXTRA            | H        | RATE               | TIONAL   |         | RATE                       | TIONAL                 |
| 빌  |  | AMENDMENT                       |                                | PAID F                      | OH              |                  | <b>!</b> |                    | FEE  |         |                            | FEE                    |
| AMENDMENT  | Total  | *                               | Minus                          | **                          |                 | =                |          | X\$ 9=             | ,  | OR      | X\$18=                     |                        |
|  | Independent                                    | AITATION OF M                   | Minus                          | ***                         | CI A14          | =                |          | X43=               |  | OR      | X86=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                                 |                                |                             |                 |                  | '        | +145=              |  | OR      | +290=                      |                        |
|  |  |                                 |                                |                             |                 |                  |          | TOTAL<br>DDIT. FEE |  | OR ,    | TOTAL                      |                        |
|  |  |                                 |                                |                             |                 |                  |          |                    |  | on A    | ODIT. FEE                  |                        |
| (Column 1) (Column 2) (Column 3)   |  |                                 |                                |                             |                 |                  |          |                    | • •  |         |                            |                        |
|  | •  | CLAIMS                          |                                | HIGHE                       | ST              | PRESENT          | <b>-</b> |                    |  | -       |                            |                        |
| ပ  | Ť  | REMAINING                       |                                | NUMBI                       |                 |                  | 11       |                    | ADDI-  | 1       |                            | ADDI-                  |
| 니  |  | AFTER                           |                                | PREVIOL                     | JSLY            | EXTRA            |          | RATE               | TIONAL   |         | RATE                       | TIONAL                 |
| <u> </u>   |  | AMENDMENT                       |                                | PAID F                      | OR              |                  |          |                    | FEE  | i       |                            | FEE                    |
| S١   | Total  | *                               | Minus                          | <b>drit</b>                 |                 | 5                |          | X\$ 9=             |  | OR      | X\$18=                     | ·                      |
|  | Independent                                    |                                 | Minus                          | ***                         |                 | =                |          | X43=               |  | .       | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                                |                             |                 |                  | -        |                    |  | OR      |                            |                        |
|  |  |                                 |                                |                             |                 | <del></del>      |          | +145=              |  | OR      | +290=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE  |  |                                 |                                |                             |                 |                  |          |                    |  |         |                            |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |                                 |                                |                             |                 |                  |          |                    |  |         |                            |                        |
| T  | he "Highest Num                                | ber Previously Paid             | For" (Total or                 | Independen                  | t) is the       | highest number   | foun     | d in the app       | ropriate box                                     | in colu | mn 1.                      |                        |